

**AUTHORIZATION FOR RELEASE OF
EMPLOYMENT BENEFITS RECORDS AND INFORMATION**

TO WHOM IT MAY CONCERN:

I, _____, social security number(SSN)
(Print full name of person GIVING release)
_____, hereby authorize
(SSN of person GIVING release)

(Name of person who is GETTING permission) to have access to any and all

information regarding my earnings and employee benefits. This right includes access to all records relating to health insurance, cashable leave, stock options, and in-kind compensation (such as employer-provided housing or transportation benefits) to which I am or may be entitled.

I also authorize the person named above to speak to any personnel who may have information regarding the status and/or terms of my earnings and employee benefits, and to receive copies of documents relating to these benefits.

This authorization expires six months from the date of signing below. Copies of this authorization shall be regarded as effective as the original.

(Signature of person GIVING release)

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20__, at _____, Alaska.

Notary Public in and for _____
My Commission expires: _____